GLUK/RAC/03



GREAT LAKES UNIVERSITY OF KISUMU

OFFICE OF THE REGISTRAR, ACADEMICS

RESUMPTION OF STUDIES FORM

(To be filled upon return after Suspension, Deferment/Leave of Absence)

a) Student's Detail Names					
Names Surname			Other names		
Reg. No					
Course:	School/Faculty				
Year of Study	Semester				
Reason for Being av	way from Studi	es (Underline as	appropriate):		
Leave of Absence	Deferment	Suspension	Other: Specify:		
Period of Suspensio	on/Deferment/L	eave of Absence	:		
Year	Sem	ester	Academic Year		
Resumption of Stud	lies:				
Year	Sem	ester	Academic Year		
Student's Signatur	udent's Signature		Date		
b) Dean of Student	ts				
Student has comple	ted the Suspens	sion /Deferment j	period Yes/No		
Student has met all	the stipulated c	onditions (for su	spension) Yes/No		
Comments					
Name		Signature	Date		

c) Relevant Head of Department

Student has completed the Suspension /Deferment /Leave of absence Yes/No

There is a group in session which the student can join Yes/No

The student is supposed to sit for Supplementary/Special Examination Yes/No

Comments				
Date of Resumption		Year	Semester	
Name	Signature	Da	nte	

Note: Students who are supposed to sit for Supplementary/Special Examination should follow

the laid down procedure for Registration/Payment as applicable.

d) Dean of School/Faculty

Request for Resumption Approved/Not Approved

Comments

Signature	Data

e) Registrar, Academics

Request for Resumption Approved/Not Approved				
Comments				
Signature	_ Date			

CC: Finance, Library, Dean of School/Faculty, Head of Department, Dean of Students, Admissions Office, Student File